

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	330	4/20
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	45	1/2
FORMALITY REVIEW		61581	2-1-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	05/05/02
2	✓	✓	12/12/02
3	✓	✓	09/05/02
4	✓	✓	02/02/02
5	✓	✓	02/02/02
6	✓	✓	02/02/02
7	✓	✓	02/02/02
8	✓	✓	02/02/02
9	✓	✓	02/02/02
10	✓	✓	02/02/02
11	✓	✓	02/02/02
12	✓	✓	02/02/02
13	✓	✓	02/02/02
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here